

# PEST CONTROL BUSINESS LICENSE PACKET

## Contains the following documents:

- Application & Instructions
- Fact Sheet
- Financial Responsibility Requirements
- Certificate of Insurance (PR-PML-052)
- Certificate of Insurance Requirement (PR-PML-173)
- Surety Bond (PR-PML-053)
- Visa/Mastercard Transaction Form
- Customer Service Survey Form

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## **Retain for your information**

### ***Do You Need This License?***

If you are a person or business who performs pest control for hire including, but not limited to, advertising, soliciting or operating as a pest control business, you must possess a **pest control business license**. This includes both principle and branch locations. Pest control business types include:

- Ground, aquatic and/or aerial pest control applications businesses
- Farm management or golf course management companies when their service includes pest control
- Packing houses, shippers, storage facilities, and other processors who treat agricultural commodities owned by another person or firm (does not include cooperatives)
- Companies who perform pest control on rights-of-way.

### ***Basic Licensing Requirements***

A pest control business license is obtained by submitting an application, the following supporting business information and documents, and the appropriate fee. The following criteria must be met prior to issuance of a license:

- **Qualified Person:** You must have at least one person in a supervisory position who holds a valid qualified applicator license (QAL) with the appropriate categories [Food and Agricultural Code (FAC) section 11701.5] at each principle and branch location.
- **Financial Responsibility Requirement** [FAC section 11701(c)(2) and 3 California Code of Regulations (3CCR) section 6524]: The requirement can be met by any of the options listed below. See Financial Responsibility Options Chart for more detailed information.
  1. Certificate of Insurance Requirement, PR-PML-0173
  2. Certificate of Insurance, PR-PML-052
  3. Acor Certificate of Liability Insurance form from your insurance company stating that it meets and complies with 3CCR section 6524 requirements.
- Documents are required to verify the name and type of business [FAC section 11702(a)]:
  1. "Fictitious Business Name Statement" from the County Clerk's or County Recorder's Office. This applies to any business operating under a fictitious name. DPR requires a copy of the fictitious business name statement that was filed with the County Clerk's or County Recorder's Office.
  2. "Certificate of Good Standing" document from the California Secretary of State's Office [FAC section 11702(a)]. This applies to any domestic or foreign corporation operating in California. The corporation must be registered with the California Secretary of State's Office. DPR requires a copy of the certificate. See the Secretary of State's web site at: [www.ss.ca.gov/business/business.htm](http://www.ss.ca.gov/business/business.htm) for registration information.

- **Worker's Compensation Insurance:** Each applicant, who is an employer as defined in Section 3300 of the Labor Code, is required to carry worker's compensation insurance. Please state the carrier's name, policy number, and the expiration date of policy on the application where indicated. If your business has no employees, write "note applicable".

### ***Once You've Become Licensed***

You must:

- Retain pest control application notification records for two years
- Retain records of pesticide use for two years
- Submit pesticide use reports to the county agricultural commissioner's office in the county where the application was made
- Have valid permits for restricted materials used
- Retain agricultural pest control adviser written recommendations for one year
- Have a person who holds a valid journeyman pest control aircraft certificate if the business performs pest control using an aircraft and a Federal Aviation Administration (FAA) operating certificate required to operate as a commercial agricultural aircraft operator

### **County Registration**

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Before you conduct any work, you must register the pest control business license with the county agricultural commissioner's office in each county in which your business intends to perform pest control. Most counties require a fee for registration. Registration is required annually and covers one calendar year.

To register the business license, the individual who possesses the QAL card must present the following items to the county agricultural commissioner's office for processing:

1. Pest Control Business License
2. QAL card with appropriate pest control category(ies)
3. Inventory of pest control equipment including number and kind of equipment.

### ***Licensing, Renewal, and Other Fees***

#### **Application Fee**

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If you are applying for a pest control business license, the fee is \$160.00 per calendar year (3CCR section 6502), plus \$80.00 per branch office location. The license fee is based on the licensing cycle provided below. For example, if the business applied for a license under the name "Plum Corporation" in January 2004, it would expire on December 31, 2005 and the fee for the license would be \$320.00. "Cools Pest Control" would expire on December 31, 2004 and the fee for the license would be \$160.00. **Note:** The pest control business license will not be issued unless the business has a qualified person and meets the business and the financial responsibility requirements as indicated in the "Basic Licensing Requirements".

- The license of businesses with names beginning with **A** through **L** expire on December 31 of even-numbered years (i.e., 2004, 2006, 2008, etc.)

- The license of businesses with names beginning with **M** through **Z** expire on December 31 of odd-numbered years (i.e., 2005, 2007, 2009, etc.)

### **License Renewal Fee**

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The license renewal fee is \$160 per calendar year, to be paid to DPR every two (2) years for a total cost of \$320 (3CCR section 6502). The branch fee per calendar year is \$80.00, to be paid every two years for a total of \$160.00. The two-year license renewal fee is not prorated if the license is renewed late.

**Note:** The pest control business license will not be issued unless the business has a qualified person and meets the business and the financial responsibility requirements as indicated in the “Basic Licensing Requirements”.

### **Late Renewal Fee**

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A late fee of fifty percent (50%) of the total renewal fee will be assessed for each license postmarked after December 31 of the expiration year.

### **Name/Address Change and Duplicate/Replacement Fees**

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A fee of \$20 is required for name changes, as well as requests for a duplicate or replacement license. DPR will not issue a new business license when an address change is received unless requested by the qualified person and accompanied by the \$20 fee. A maximum fee of \$20 is required for all name and/or address changes or requests for a duplicate or replacement license **when submitted on a single application form.**

Every person to whom a license is issued must immediately notify the Licensing and Certification Office in writing of any name and/or address change (3CCR section 6508).

- Legal documents certifying the name change are required in order to make a name change. A new license will be automatically issued for all name changes.
- The change of name and/or address requirement form is available on DPR’s website at [www.cdpr.ca.gov/docs/license/lcforms.htm](http://www.cdpr.ca.gov/docs/license/lcforms.htm) or by calling (916) 445-4038. A \$20 fee for an address change is **only** required when the licensee requests a new license.

## ***General Information***

### **Timelines for Processing Applications**

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DPR has established time periods for processing permit applications, in compliance with Government Code sections 15374-15378. DPR may take up to 100 days to complete the processing of this application. Failure to comply with these time periods may be appealed to the Agency Secretary, California Environmental Protection Agency, P.O. Box 2815, 1001 I Street, Sacramento, California 95814, pursuant to regulations set forth in 3CCR section 301. Under certain circumstances, the Agency Secretary may order that the applicant receive a reimbursement of filing fees.

## **License Duration**

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A new license may be issued for a maximum of two years. The license duration is dependent on the date the license was issued and the renewal cycle. Each renewed license is valid for two (2) years unless renewed late.

## **The Most Common Mistakes and How to Avoid Them**

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The most common application errors made are incorrect fees, no insurance documents or the insurance documents submitted do not meet our requirements, business type information is not provided, or a qualified person is not listed. You can avoid these errors by reading the application instructions carefully and mailing your application to DPR on or before the expiration date of the license. If you have questions regarding any information, call for assistance.

## **DPR Licensing and Certification Location**

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Department of Pesticide Regulation  
Pest Management and Licensing Branch  
Licensing and Certification Program  
1001 I Street  
Sacramento, CA 95814-2828

## **Questions**

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Call: (916) 445-4054  
Email: [license-bus@cdpr.ca.gov](mailto:license-bus@cdpr.ca.gov)

**PEST CONTROL BUSINESS LICENSE APPLICATION**

PR-PML-042 (REV. 9/04)

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1001 I STREET

SACRAMENTO, CALIFORNIA 95814-2828

(916) 445-4038

FAX - (916) 445-4033

Web site: <http://www.cdpr.ca.gov/>**A. Application Type.** Check the appropriate box(es).

<input type="checkbox"/> NEW APPLICATION	<input type="checkbox"/> NAME / ADDRESS CHANGE	<input type="checkbox"/> OTHER (Specify) _____
<input type="checkbox"/> ADD BRANCH LOCATION	<input type="checkbox"/> DUPLICATE / REPLACEMENT LICENSE	BUSINESS LICENSE # _____

**B. Business Information (Main Location).** Please print or type.

BUSINESS NAME

EMAIL ADDRESS	FAX NUMBER (    )	TELEPHONE NUMBER (    )
BUSINESS MAILING ADDRESS (Number and Street or P.O. Box Number)	(City)	(State) (ZIP Code)
BUSINESS LOCATION ADDRESS (Number and Street)	(City)	(State) (ZIP Code)

BUSINESS TYPE (Check only one box.) See instructions for documentation requirements.

<input type="checkbox"/> CORPORATION	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LIMITED LIABILITY COMPANY	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> NON-PROFIT ASSOCIATION	<input type="checkbox"/> LIMITED LIABILITY PARTNERSHIP	

**C. Former Business Name.** Enter former business name below.

FORMER BUSINESS NAME

**D. Business Officers or Owners.** Attach additional sheet if necessary.

1) NAME	TITLE
MAILING ADDRESS (Number and Street or P.O. Box Number)	(City) (State) (ZIP Code)
2) NAME	TITLE
MAILING ADDRESS (Number and Street or P.O. Box Number)	(City) (State) (ZIP Code)

**E. Branch Locations.** Attach additional sheet if necessary.

1) LOCATION ADDRESS (Number and Street or P.O. Box Number)	(City)	(County)	(State)	(ZIP Code)
2) LOCATION ADDRESS (Number and Street or P.O. Box Number)	(City)	(County)	(State)	(ZIP Code)
3) LOCATION ADDRESS (Number and Street or P.O. Box Number)	(City)	(County)	(State)	(ZIP Code)

**F. Qualified Person.** Each business location must have a qualified person who possesses a valid Qualified Applicator License with the appropriate pest control category(ies). The qualified person is responsible for supervising all pest control operations performed by each main and branch location. Attach additional sheet if necessary.

1) QUALIFIED PERSON'S NAME	QUALIFIED APPLICATOR LICENSE NUMBER	PEST CONTROL CATEGORY(IES)	EXPIRATION DATE
BUSINESS LOCATION ADDRESS (Number and Street)	(City)	(State)	(ZIP Code)
2) QUALIFIED PERSON'S NAME	QUALIFIED APPLICATOR LICENSE NUMBER	PEST CONTROL CATEGORY(IES)	EXPIRATION DATE
BUSINESS LOCATION ADDRESS (Number and Street)	(City)	(State)	(ZIP Code)
3) QUALIFIED PERSON'S NAME	QUALIFIED APPLICATOR LICENSE NUMBER	PEST CONTROL CATEGORY(IES)	EXPIRATION DATE
BUSINESS LOCATION ADDRESS (Number and Street)	(City)	(State)	(ZIP Code)

**Application Continued on Reverse Side**

**PEST CONTROL BUSINESS LICENSE APPLICATION**

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**G. Pest Control Business Type.**

1) Indicate the type of pest control your business will be performing or performs by checking the appropriate box(es) below.

<input type="checkbox"/> Aerial Application	<input type="checkbox"/> Biological Control	<input type="checkbox"/> Defoliation	<input type="checkbox"/> Plant Growth Regulators
<input type="checkbox"/> Ground Application	<input type="checkbox"/> Disease Control	<input type="checkbox"/> Fumigation <input type="checkbox"/> Soil <input type="checkbox"/> Product	<input type="checkbox"/> Seed Treatment
<input type="checkbox"/> Aerial/Ground Application	<input type="checkbox"/> Microbial Control	<input type="checkbox"/> Stored Ag. Prod./Post harvest Treatment	<input type="checkbox"/> Vertebrate Control (incl. Birds)
<input type="checkbox"/> Landscape Maintenance	<input type="checkbox"/> Nematode Control	<input type="checkbox"/> Other _____	<input type="checkbox"/> Weed Control
<input type="checkbox"/> Indoor Plant Maintenance	<input type="checkbox"/> Insect, Mites & Other Invertebrates		<input type="checkbox"/> Wood Preservation

2) Indicate the type of pest control categories your business will be engaged in by checking the appropriate box(es) below.

<input type="checkbox"/> Residential, Industrial & Institutional	<input type="checkbox"/> Landscape Maintenance	<input type="checkbox"/> Right-of-Way	<input type="checkbox"/> Sewer Line Root Control
<input type="checkbox"/> Plant Agriculture	<input type="checkbox"/> Forest	<input type="checkbox"/> Aquatic	
<input type="checkbox"/> Regulatory	<input type="checkbox"/> Seed Treatment	<input type="checkbox"/> Animal Agriculture	
<input type="checkbox"/> Demonstration & Research	<input type="checkbox"/> Health Related	<input type="checkbox"/> Wood Treatment	

**H. Liability Insurance.** Each applicant must show proof of financial responsibility that meets the requirements of Section 6524 of Title 3, of the California Code of Regulations. Proof of financial responsibility is demonstrated by having your insurance carrier complete one of the two attached insurance certificates or some other method approved by the Department.

**I. Worker's Compensation Insurance.** Each applicant who is an employer, as defined in Section 3300 of the Labor Code, is required to carry worker's compensation insurance. If your business has no employees, write "Not Applicable" below.

WORKER'S COMPENSATION INSURANCE CARRIER NAME	POLICY NUMBER	EXPIRATION DATE
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**J. Fees. All fees are non-transferable and non-refundable.**

	1-Year	or	2-Year	#Branches	=	Total Fees
Main Location	<input type="checkbox"/> \$160		<input type="checkbox"/> \$320	--	=	\$ _____
Branch Location	<input type="checkbox"/> \$80		<input type="checkbox"/> \$160	x	=	\$ _____
Name/Address Change, Duplicate/Replacement Fee	<input type="checkbox"/> \$20			x	=	\$ _____
<b>Total Fee(s) Due/Enclosed</b>						\$ _____

☐ **Fee Exempt** (A completed copy of the "No Fee Pest Control Business Application Supplement" must be submitted with your application)

Enclose a check, money order or credit card payment for the total amount due payable to: Cashier, Department of Pesticide Regulation. Mail your completed application, required documentation, and fees to: Cashier, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, California 95812-4015.

**K. Read Before Signing.** During the last three years, have you had any administrative, civil, or criminal action taken against you for violation of any State or federal laws or regulations relating to the application or use of pesticides that resulted in disciplinary actions or in which any disciplinary action is pending?

☐ YES (State explanation below.) ☐ NO

**L. I declare under penalty of perjury, under laws of the State of California, that the above information is true and correct.**

APPLICANT SIGNATURE		DATE SIGNED	
FOR OFFICIAL USE ONLY	BUSINESS LICENSE NUMBER	COMPUTER ENTRY DATE	RC RECEIVED AND DATE

**PEST CONTROL BUSINESS LICENSE APPLICATION INSTRUCTIONS**

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- A. **Application Type.** Check the appropriate box(es).
- ☐ **New Application:** If you are applying for the Pest Control Business License for the first time.
  - ☐ **Add Branch Location:** Adding a pest control business branch location to your license.
  - ☐ **Duplicate/Replacement License:** Requesting a duplicate or replacement license.
  - ☐ **Name/Address Change:** Requesting name/address changes. Submit a copy of the legal document substantiating the name change. Address changes may be made directly on the application form. A new license will not be printed for an address change only unless specifically requested and a \$20 fee submitted with the application.
  - ☐ **Other:** Any other change, please specify the change.
- B. **Business Information (Main Location).** Complete the information requested in this section. If you are changing your business name, enter your former business name in Section "C". If there is a change in business name or address you must immediately notify the Director in writing. If your business is a:
- ☐ **Corporation**, submit a current copy of the "Certificate of Good Standing" which may be obtained from the Secretary of State, Certificate Department, 1500 11<sup>th</sup> Street, Sacramento, California 95814.
  - ☐ **Limited Liability Company or Limited Liability Partnership**, submit a current copy of the "Certificate of Good Standing" which may be obtained from the Secretary of State, Certificate Department, 1500 11<sup>th</sup> Street, Sacramento, California 95814.
  - ☐ **Partnership**, submit a "Fictitious Business Name Statement" which may be obtained from the county clerk's office.
  - ☐ **Individual**, if the business name is different than your surname (last name), submit a "Fictitious Business Name Statement" which may be obtained from the county clerk's office.
  - ☐ **Non-Profit Association**, if the business is a corporation, submit a current copy of the "Certificate of Good Standing" which may be obtained from the Secretary of State, Certificate Department, 1500 11<sup>th</sup> Street, Sacramento, California 95814. If the business name is different than your surname (last name), submit a "Fictitious Business Name Statement" which may be obtained from the county clerk's office.
- C. **Former Business Name.** If your business name has changed, enter the former name in this section of the application.
- D. **Business Officers or Owners.** List the name, title, and mailing address of the business officers and/or owners. If necessary, use an additional sheet of paper. If there is a change in the business ownership or organization, notify the Director immediately in writing. A new application and fee must be submitted for this change.
- E. **Branch Locations.** Complete this section to add a branch location to your business. Enter the business location address for each branch location added. If the branch name is different from the main business name, indicate the branch name and submit a "Fictitious Business Name Statement" which may be obtained from the county clerk's office.
- F. **Qualified Person.** Each principal and branch office must have a qualified person who possesses a valid Qualified Applicator License with the appropriate pest control category(ies) to engage in the business of pest control from that location. The qualified person is responsible for supervising all pest control operations performed by each main and branch location. Use an additional sheet of paper if necessary. If there is a change in the qualified person for the business, notify the Director immediately. There is no fee required for this change.
- G. **Pest Control Business Type.** (1) Indicate the type of pest control your business will be performing or performs. (2) Indicate the type of pest control categories your business requires to be in business. Check all that apply.
- H. **Liability Insurance.** Each applicant for a Pest Control Business License must demonstrate financial responsibility that meets the requirements of Section 6524 of Title 3, California Code of Regulations. (Note: Coverage must include chemical liability.) Financial responsibility is demonstrated by one of the following methods:



**PEST CONTROL BUSINESS LICENSE APPLICATION INSTRUCTIONS**

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1. Filing with the Director an approved certificate of insurance certifying liability insurance coverage that meets the Department's minimum requirements. This can be achieved by having your insurance carrier complete either the attached Certificate of Insurance (PR-PML-052) or the attached Certificate of Insurance Requirements Statement (PR-PML-173). If you use the Certificate of Insurance Requirements Statement form, have your insurance carrier submit their Certificate of Insurance along with an endorsement for pollution coverage if necessary.
2. A Certificate of Deposit that meets the Department's minimum requirements of Section 6524 of Title 3, California Code of Regulations.
3. Deposit with and on a form provided by the Director a surety bond issued by a bonding company doing business in California. Use the Pest Control Business Licensees Bond form (PR-PML-053).
4. An "Accord" provided by your insurance company that meets the Department's minimum requirements of Section 6524 of Title 3, California Code of Regulations.

See the Financial Responsibility Options chart for specific coverage requirements. If you have questions, call this office.

- I. **Worker's Compensation Insurance.** Each applicant who is an employer as defined in Section 3300 of the Labor Code is required to carry worker's compensation insurance. If applicable, enter the name of the worker's compensation insurance carrier, the policy number, and the policy expiration date.

- J. **Fees. All fees are non-transferable and non-refundable.**

	<u>One-Year*</u>	<u>Two-Year*</u>
Main Location:	\$160	\$320
Branch Location:	\$ 80	\$160
Name/Address Change Fee: \$20 (See Note)		
Duplicate/Replacement Fee: \$20 (See Note)		

**NOTE:** A fee for an address change is only required when the licensee requests a new license be issued (printed and mailed). A maximum fee of \$20 is due for all name/address changes and requests for a duplicate/replacement licenses submitted on a single application.

\* The following information and table will assist you in determining the appropriate application fee.

*New Application Fee Schedule Example:*

<i>Year Submitting Application</i>	<i>License Name</i>	<i>License Expiration Year</i>	<i>Main License Application Fee</i>	<i>Branch License Application Fee</i>
2004	A-L	2004	\$160	\$80
	M-Z	2005	\$320	\$160
2005	A-L	2006	\$320	\$160
	M-Z	2005	\$160	\$80
2006	A-L	2006	\$160	\$80
	M-Z	2007	\$320	\$160

*If your business name begins with **A - L**, the expiration date of the business license is on **even-numbered** years.*

*If your business name begins with **M - Z**, the expiration date of the business license is on **odd-numbered** years.*

- K. **Read Before Signing.** Check appropriate box.
- L. **Declaration/Signature Block.** Sign and date your application. Enclose a check, money order or credit card payable to "Cashier, DPR" and mail to: Cashier, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, California 95812-4015.

**Failure to complete or provide the requested information may delay the processing of your application.**

**LICENSE NO.**

STATE OF CALIFORNIA  
DEPARTMENT OF PESTICIDE REGULATION



1001 I STREET  
SACRAMENTO, CALIFORNIA 95814  
(916) 445-4038  
**PEST CONTROL BUSINESS LICENSE**

**THIS LICENSE EXPIRES**

**= POST THIS LICENSE PROMINENTLY IN PUBLIC VIEW =**  
THIS LICENSE IS NOT TRANSFERABLE - ANY CHANGE IN OWNERSHIP REQUIRES A NEW LICENSE

### ***Who Needs It?***

Any person who engages in pest control for hire (advertises, solicits, or operates as a pest control business). This includes, but is not limited to, the following types of activities (FAC sections 11403, 11701):

- Ground and aerial pest control applications
- Farm management companies when their services include pest control
- Packing houses, shippers, storage facilities, and other processors who treat agricultural commodities owned by another person or firm (does not include Cooperatives)
- Companies that perform pest control rights-of-way.

### ***What's Required?***

- Have at least one person in a supervisory position who holds a QAL with the appropriate pest control category(ies) at each principal and branch location (FAC section 11701.5)
- Fulfill financial responsibility requirement (FAC section 11701[c][2] and 3 CCR section 6524)
- Fictitious Business Name Statement from the County Clerk's Office (FAC section 11702[a])
- Certificate of Good Standing for companies that are corporations - obtained for a fee from the Secretary of State (FAC 11702[a])
- License fee of \$160.00 per year for the principal location and \$80.00 per year for each branch location (FAC section 11703)

### ***Additional Requirements!***

- Register with the county agricultural commissioner (CAC) in each county where work is performed (FAC section 11732)
- Retain pest control application notification records (NOIs) for two years (3 CCR section 6619)
- Retain records of pesticide use for two years (3 CCR section 6624)
- Submit pesticide use report records to CAC (3 CCR sections 6626 and 6627)
- Have valid permits for restricted materials used (3 CCR section 6632)
- Written recommendations retained for one year (FAC section 12004)
- Businesses that perform pest control using an aircraft must have a person who holds a valid Journeyman Pest Control Aircraft Certificate (FAC section 11901)
- Federal Aviation Administration (FAA) Operating Certificate required to operate as a commercial agricultural aircraft operator.

# FINANCIAL RESPONSIBILITY OPTIONS FOR PEST CONTROL BUSINESS

Each applicant for a Pest Control Business License must demonstrate financial responsibility for the type of work performed. The applicant can demonstrate financial responsibility by one of the following options: (1) file with the Director an approved original certificate of insurance certifying liability insurance coverage that meets the Department's minimum standards; (2) deposit with the Director a certificate of deposit that meets the Department's minimum standards; (3) a surety bond that meets the Department's minimum standards, on the form provided by the Director; or provide a statement to the Director that as to chemical bodily injury and chemical property damage resulting from their past control operations they are financially able to respond to damages using their own personal assets (applies to Maintenance Gardener Pest Control Business License only).

Type of Pest Control Business	Option 1: Liability Insurance			Option 2: Certificate of Deposit	Option 3: Surety Bond	Option 4:
	Bodily Injury Per Person	Bodily Injury Per Occurrence	Property Damage			
<b>Pest Control Business License</b> - applicants who make applications by ground rig or apply fumigants.	\$100,000	\$300,000	\$50,000	\$75,000	\$75,000	
<b>Pest Control Business License</b> - applicants who make application by aircraft.	\$100,000	\$300,000	\$100,000 per aircraft(a)	\$50,000 per aircraft(b)	\$50,000 per aircraft(b)	
<b>Maintenance Gardener Pest Control Business License</b> - applicants who perform pest control incidental to their maintenance gardener work.	\$5,000	\$10,000	\$5,000	\$5,000	\$5,000	Financially able to respond to bodily injury and property damage statement (DPR-PML-170).

(a) When more than one aircraft is insured, the property damage aggregate is one-half the property damage limit times the number of aircraft insured.

(b) A certificate of deposit or a surety bond need not exceed \$300,000 per Pest Control Business License.

This is to certify to the Director of the Department of Pesticide Regulation, whose address is 1001 I Street, Sacramento, California 95814-2828 that \_\_\_\_\_ (name of business), an applicant for a pest control business license, is at this date insured with \_\_\_\_\_ (Insurance Company) for the Limits of Coverage stated below.

### ***Coverage Descriptive Schedule***

Insurance Coverage	Policy Number(s)	Expiration Date(s)	Limit of Liability Per Person	Limit of Liability Per Occurrence	Limit of Liability Annual Aggregate
1. Bodily injury <u>including</u> Chemical Liability			\$	\$	\$
2. Property Damage <u>including</u> Chemical Liability			\$	\$	\$
3. Combined Single Limit for Bodily Injury and Property Damage <u>including</u> Chemical Liability				\$	\$

### ***List of Covered Aircraft (Attach additional sheet if necessary)***

Aircraft "N" Number	Aircraft Usages (Chemical Use/Nonchemical Use)	Remarks
1) N		
2) N		
3) N		

### ***Insured Information***

INSURED BUSINESS NAME	PEST CONTROL BUSINESS LICENSE NUMBER		
BUSINESS LOCATION ADDRESS	(City)	(State)	(Zip Code)

### ***Insurance Company and Insurance Agent/Broker Information***

1. INSURANCE COMPANY NAME	FAX NUMBER ( )	EMAIL ADDRESS	PHONE NUMBER ( )
MAILING ADDRESS	(City)	(State)	(Zip Code)
CONTACT PERSON NAME			
2. INSURANCE AGENT/BROKER NAME	FAX NUMBER ( )	EMAIL ADDRESS	PHONE NUMBER ( )
MAILING ADDRESS	(City)	(State)	(Zip Code)
CONTACT PERSON NAME			

The undersigned hereby certifies that liability insurance issued to the aforementioned insured, fulfills the requirements stated above and the requirements pursuant to Section 6524, of Title 3, of the California Code of Regulations.

The issuing company agrees that in the event of non-renewal or material change, including cancellation or reduction of coverage of the policy(ies), the issuing company will endeavor to give the party to whom the Certification is issued 30 days advance notice of such non-renewal or change, but the issuing company shall not be liable in any way for failure to give such notice.

INSURANCE REPRESENTATIVE SIGNATURE	DATE SIGNED
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**A. Instruction.** If this certificate is used to demonstrate financial responsibility, it must be completed by the insurance company. In addition to this certificate, your insurance company must provide the Department with their certificate of insurance describing the insurance afforded to your pest control business.

**B. Certificate Statement**

This certifies that the insurance policy of \_\_\_\_\_ (company  
affording coverage) issued to \_\_\_\_\_ (insured name),  
an applicant for a pest control business license affords the following coverage:

1. Covers crop or landscape or property damage as a result of a drift of a pesticide from the area of treatment.
2. Covers crop or landscape or property damage that may result from the handling of a pesticide or equipment failure during the pesticide application.
3. Covers bodily injury to persons not involved with the pesticide application when the pesticide is directly or indirectly applied on them accidentally and results in an illness or injury.

**C. Insured Information**

INSURED BUSINESS NAME		PEST CONTROL BUSINESS LICENSE NUMBER	
BUSINESS LOCATION ADDRESS	(City)	(State)	(Zip Code)

**D. Insurance Company and Insurance Agent/Broker Information**

1. INSURANCE COMPANY NAME	FAX NUMBER ( )	EMAIL ADDRESS	PHONE NUMBER ( )
MAILING ADDRESS	(City)	(State)	(Zip Code)

CONTACT PERSON NAME			
2. INSURANCE AGENT/BROKER NAME	FAX NUMBER ( )	EMAIL ADDRESS	PHONE NUMBER ( )
MAILING ADDRESS	(City)	(State)	(Zip Code)
CONTACT PERSON NAME			

The undersigned hereby certifies that liability insurance issued to the aforementioned insured, fulfills the requirements stated above and the requirements pursuant to Section 6524, of Title 3, of the California Code of Regulations.

The issuing company agrees that in the event of non-renewal or material change, including cancellation or reduction of coverage of the policy(ies), the issuing company will endeavor to give the party to whom the Certification is issued 30 days advance notice of such non-renewal or change, but the issuing company shall not be liable in any way for failure to give such notice.

INSURANCE REPRESENTATIVE SIGNATURE	DATE SIGNED
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**STATE OF CALIFORNIA  
DEPARTMENT OF PESTICIDE REGULATION**

**Pest Control Business Licensees Bond  
Food and Agricultural Code Section 11702(c) (2)**

Premium Amount: \_\_\_\_\_

KNOW ALL PERSONS BY THESE PRESENTS:

That \_\_\_\_\_

having a principal place of business at \_\_\_\_\_

\_\_\_\_\_,  
California, as PRINCIPAL, and \_\_\_\_\_

\_\_\_\_\_,  
a corporation duly authorized as an admitted surety insurer in the State of California, as SURETY, are held and firmly bound to the State of California, and in favor of every person or entity obtaining judgment against the **PRINCIPAL**, in the sum of \_\_\_\_\_ DOLLARS (\$ \_\_\_\_\_), for the payment of which we bind ourselves, or heirs, executors, successors, and assigns, jointly and severally, firmly by these presents.

WHEREAS, the above-named PRINCIPAL holds or has applied to the Director of Pesticide Regulation of the State of California for license entitling said PRINCIPAL to conduct the business of Pest Control, in accordance with the provisions of Division 6, Chapter 4 of the Food and Agricultural Code of the State of California; and

WHEREAS, the provisions of the Food and Agricultural Code Section 11702(c)(2), require that the PRINCIPAL satisfy the Director of PRINCIPAL's financial ability to respond to damages from any illness, injury, or damage resulting from the work authorized by the license, and this bond is executed and tendered in accordance therewith.

NOW, THEREFORE, if said PRINCIPAL shall respond to damages for any illness, injury, or damage resulting from the work, then this obligation is void, otherwise to remain in full force and effect.

The aggregate liability of the Surety on all claims whatsoever shall not exceed the penal sum of this bond.

This bond shall be deemed continuous in form and shall remain in full force and effect, and run concurrently with the license period and any and all renewals, or until cancellation or withdrawal of the Surety from the bond.

Surety may cancel or withdraw from this bond pursuant to the provisions of the Code of Civil Procedure Sections 996.310 et seq.

This bond is executed to comply with provisions of Chapter 4 of Division 6 of the Food and Agricultural Code . and of Chapter 2, Title 14, Part 2 of the Code of Civil Procedure, and said bond shall be subject to all of the terms and provisions thereof.

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NAME OF SURETY

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ADDRESS

I certify (or declare) under penalty of perjury, under the laws of the State of California, that I have executed the foregoing bond under an unrevoked. power of attorney.

Executed in \_\_\_\_\_ ,  
*(City and State)*

on \_\_\_\_\_ .  
*(Date)*

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Signature of Attorney-in-fact  
of Surety

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Printed or typed name of  
Attorney-in-fact for Surety

## VISA / MASTERCARD TRANSACTION



### INSTRUCTIONS:

1. For conducting transactions using VISA or MasterCard only. No other cards are accepted.
2. Complete **ALL** cardholder information.
3. If you have any questions, please call the Licensing and Certification Program at (916) 445-4038.
4. Mail your completed application with this form to the appropriate address below:

**Licensees:**

ATTN: Cashier  
Department of Pesticide Regulation  
P.O. Box 4015  
Sacramento, CA 95812-4015

**Continuing Education Sponsors:**

Cashier  
ATTN: CE  
Department of Pesticide Regulation  
P.O. Box 4015  
Sacramento, CA 95812-4015

5. **DO NOT FAX** this form to DPR

NAME OF CARDHOLDER (NAME APPEARING ON THE BANK CARD)												CHECK ONE <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard		TODAY'S DATE				
BANK CARD NUMBER (16 DIGITS)																BANK CARD EXPIRATION DATE	TOTAL AMOUNT OF PAYMENT \$ .	
																	TELEPHONE NUMBER ( )	

SIGNATURE OF CARDHOLDER (NAME APPEARING ON THE BANK CARD)

FOR PAYMENT OF:

NAME OF LICENSEE OR SPONSOR

MAILING ADDRESS (Street or P.O. Box Number)

(City, State, and ZIP Code)

(DEPARTMENT USE ONLY) - ENTERED ON POS BY:	TODAY'S DATE	DATE MAILED	BY
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## **California Environmental Protection Agency**

### **Customer Service Survey**

Our goal is to provide you with the best possible customer service. Your feedback telling us what is going well and what needs improvement is essential to our success to better serve you. We ask that you take a moment to complete the electronic customer service survey form at [www.calepa.ca.gov/Customer/CSForm.asp](http://www.calepa.ca.gov/Customer/CSForm.asp). To assure that we receive your comments, please select “Department of Pesticide Regulation” and “Division of Pest Mgmt, Environmental Monitoring, Enforcement & Licensing” on the survey form. If you do not have access to the Internet and our electronic Customer Service Survey form, please feel free to write us at:

California Department of Pesticide Regulation  
Pest Management and Licensing Branch  
P.O. Box 4015  
Sacramento, CA 95812-4015

Thank you for your feedback.